

WESTAFF
TEMPORARY HELP REQUISITION
Contract Number 406369
Effective 1/1/2006

Date: _____ Agency AGPS Order Number: _____

HR Director: Anne R. Graham Phone: 225-342-6060 Fax: 225-342-0019 Email: anne.graham@la.gov

Requesting Office: _____ GFS Org. No. _____

RFP Job Title: (See Specifications for Temporary Services) _____

Job Description: _____

Starting Date: _____ Anticipated End Date _____

Working Hours: Start: _____ End: _____ Work Days: _____ Overtime app. Y/N

Other Authorized Signatures: _____

Work Site Information:

Immediate Supervisor: _____

Phone Number: _____ Fax: _____

Address: _____

Directions: _____

Bill to: Department/Facility: _____

Attn: _____

Address: _____

City, State, Zip: _____

Signature: _____	<u>Asst. Commissioner</u> Title	Date
Barbara Goodson		

Signature: _____	<u>H.R. Director</u> Title	Date
Anne R. Graham		

WESTAFF OFFICE LOCATION: _____ **NUMBER:** _____ **CUSTOMER #:** _____

Pay Rate: _____ **Bill Rate:** _____ **Job Code:** _____

Employee Assigned: _____ **SS#:** _____

Emp.'s Phone #: _____ **Results:** _____ **Start:** _____

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